FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90032 018 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 672933

1. Corporation										
LUCAS F	PREWETT, P.A.					1 144014 41171 18414 1815 18164 11188 1118 A11	IS BIBLI BIS	in Sibil Of		
Principal Place of Business Mailing Address						- 1 186110 DILET LEDIO ILDIA LBIOD ILLO LEIL DEI	31 010 11 1 11		B	
100 PIERCE ST. 100 PIERCE ST.										
UNIT 1201		UNIT 1201				DO NOT WIDITE IN THIS SDACE				
CLEARWATER F	FL 34616	CLEARWATER FL 34616 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US	, ,	03				06/07/1980				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number				
21		26				59-1999898		Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$1		dditional	
22		27						Fee Re		_=
City & State	e	City & State				6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	28	Cou	intry		8. This corporation owes the current year			01003	
25		·	10	,		Personal Property Tax.	ΣSIY		□No	
	9. Name and Address of Curren					10. Name and Address of New Register	ed Agen	t		
				81	Name					
	NETT, LUCAS		82 Street Addi			ess (P.O. Box Number is Not Acceptable)				
	PIERCE ST, #1201 ARWATER FL 34616								.	
CLE	ANIAILE IL STOIO			83					_	
				84	City		85	Zip C	Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	the a	bove-	named corpo	ration submits this statement for the numose	of chan	l ging its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such channe was au	horized	1 bv t	he corporation	n's board of directors. I hereby accept the ap	pointme	nt as reç	gistered	
	m lamiliai with, and accept the obliga-	10113 01, 3600011 007.0500, 11071	ua Otat	atçş.						
SIGNATURE	Signature, typed or printed name of registered ager		Registered	Agent	signature required					5
12.		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS		RECTO Change	Addition	3
TITLE	PTD DDGWETT LUCAS	☐ DELETE		1.1 TITLE 1.2 NAME		•	' ليا	mango		}
NAME	PREWETT, LUCAS 100 PIERCE ST, #1201				ADDRESS					{
STREET ADDRESS	CLEARWATER FL	1201								ן ל
CITY-ST-ZIP	V	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	?
NAME	PREWETT, AGNES J.			2.2 NAME						
STREET ADDRESS	100 PIERCE ST, #1201		2.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY+ST-ZIP							ļ
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME			3.2 NAME		·			 -		-
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP		□ nei ete	_	TY-ST	-ZIP			Change	Addition	
TITLE		☐ DELETE	4.1 TITLE 4. 2 NAME					silatigo		Ì
NAME		•			AUDDESS					
STREET ADDRESS			4.3 STREE							
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-5 5.1 TITLE		- 411"			Change	Addition	1
NAME		_	5.2 NAME							1
STREET ADDRESS			5.3 S	5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CI	TY-ST	ZIP					
TITLE		☐ DELETE	6.1 TI					Change	☐ Addition	1
NAME	,		6.2 N							
STREET ADDRESS			6.3 S	TREET.	ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _____SIGNATURE AND THE

CITY-ST-ZIP

727-446-1278 Daytime Phone #